



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: REHABILITATION HOSPITAL OF INDIANA

City of Hospital: INDIANAPOLIS

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Joseph Saffa

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Medicare Provider Number: 15-3028

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$92787569
Outpatient Patient Service Revenue	\$18546425
Total Gross Patient Service Revenue	\$111333994

2. Deductions From Revenue

Contractual Allowance	\$66221008
Other Deductions	\$0
Total Deductions	\$66221008

3. Total Operating Revenue

Net Patient Service Revenue	\$0
Other Operating Revenue	\$4071250
Total Operating Revenue	\$49184236

4. Operating Expenses

Salaries and Wages	\$25666228	Employee Benefits	\$8102688
Depreciation and Amortization	\$1886257	Interest Expense	\$305274
Bad Debt	\$88760	Other Expenses	\$11319127
Total Operating Expenses	\$47368334		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$1702319	Total Assets	\$34781466
Net Non-operating Gains over Loss	\$51945	Total Liabilities	\$18042061

Total Net Gains	\$1754264
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$50986768	\$32906127	\$18080641
Medicaid	\$21541430	\$16411570	\$5129860
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$38805796	\$16903311	\$21902485
Total	\$111333994	\$66221008	\$45112986

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$4705	\$-4705

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$79420	\$-79420

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$255571	\$-255571
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$-29409

Number of Medical Professionals Trained	\$4
Number of Hospital Patients Educated	\$3359
Number of Citizens Exposed to Health Education Messages	\$1800

Statement Six: Charity Statement

Hospital Charity Charges	\$84063
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$32910	
HCI Payments	\$0		
Subtotal	\$0	\$32910	\$-32910
Medicaid Shortfalls	\$0	\$1540066	
Subtotal	\$0	\$1572976	\$-1572976
DSH Payments	\$0		
Subtotal	\$0	\$1572976	\$-1572976
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$1572976	\$-1572976

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$8397	\$37806	\$-29409
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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